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## As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE IN	NFORMATION		
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Customer Relations/Complaints Rep					
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	UTILI	TY REPRESENTATIVE INFORMATIO	N	
Regulatory Officer				
Name & Title: Sue Jackson				
Address: 4010 W Walton Blvd., St	е В			
City: Waterford		State: MI	ZIP Code: 48329	
Phone: 248-618-9989	Email: SJa	ckson@ldcb.com	Fax: 248-618-0989	
Annual Report Form Mailin	gs			
Name & Title: Amanda Gucich, S	enior Compl	ance Specialist		
Address: 107 W Michigan Ave, 4th	n Floor			
City: Kalamazoo		State: Mi	ZIP Code: 49007	
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855			
<b>Dual Party Invoice Mailing</b>	S			
Name & Title: Amanda Gucich, S	Senior Comp	liance Specialist		
Address: 107 W Michigan Ave, 4th	Floor	يتناه متوسفة يري عبيه يتناه يتناه يتناه المناه المن		
City: Kalamazoo		State: MI	ZIP Code: 49007	
Phone: 269-381-888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855	
Universal Service Fund Ma	illngs			
Name & Title: Amanda Gucich, S	Senior Compl	lance Specialist		
Address: 107 W Michigan Ave, 4t	h Floor			
City: Kalamazoo		State: MI	ZIP Code: 49007	
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Name & Title: Amanda Guclch, S	Senior Comp	liance Specialist	1	
Address: 107 W Michigan Ave, 4t	h Floor			
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FORM PREPARER INFORMATION						
This form was completed by: Amanda Gucich						
Signature:						
Title: Senior Compliance Specialist	Date: 03/16/20					

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Office of Regulatory Staff

AND Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201